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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/659,083
	Filing Date	September 9, 2003
	First Named Inventor	Simon Delagrave
	Art Unit	To Be Determined
	Examiner Name	To Be Determined
Total Number of Pages in This Submission	Attorney Docket Number	BTS0001-100

ENCLOSURES (check all that apply)		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Cozen O'Connor		
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Printed Name	Christine A. Goddard, Ph.D.		
Date	3-14-05	Reg. No.	46,731

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CHANGE OF CORRESPONDENCE  
ADDRESS**

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Examiner Name	
Attorney Docket Number	BTS0001-100

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Simon Delagrave

Date

3/5/05

Telephone

610-563-3993

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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